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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10537360 | <b>Applicant(s)/Patent Under Reexamination</b><br>KLEY ET AL. |
|   | <b>Examiner</b><br>Benny Lee               | <b>Art Unit</b><br>2817                                       |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 333                       |  | 202      |  |  |  | H                            | O | I | P | 1 / 20 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 333                       | 235                                      |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 17    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 2        | 18    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| -   | 3        | 19    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 20    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 21    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 22    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        | 2     | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        | 23    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        | 25    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       | 24    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       | 28    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 12       | 27    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       | 28    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 14       | 29    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 15       | 30    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE<br><br>(Assistant Examiner)                                       |  | <b>Total Claims Allowed:</b><br>30 |   |
| /BENNY LEE/<br>PRIMARY EXAMINER<br>ART UNIT 2817<br>(Primary Examiner) |  | 16 Jul 010<br>(Date)               | O.G. Print Claim(s)    O.G. Print Figure<br>1                              14 |